			ive October				PS	X ()	7.
CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL ENTITY TYPE OF		OR	OTHER THE SMALL EN	
TOTAL CLAIMS		d			RATE	FEE		RATE		
FOR		NUMBER FILI	ED NUI	MBER EXTRA	BASIC FEE	355.00	OR	BASIC FÉE	.7	
TOTAL CHARGEABLE CLAIMS		9 minus	20= *	6	X\$ 9=		ÖR	X\$18 ≘		
INDEPENDENT CLAIMS		H minus	s 3 =		X40=		OR	X80=	W.	
MU	LTIPLE DEPEN	IDENT CLAIM P	RESENT							
• if	the difference.	in column 1 is	less than zero	enter "0" i	n column 2	+135=		OR	+270=	44
wat i	Caralle San Control Control Control	Acres (3.		, Joidin E	TOTAL	e de la constante	OR	TOTAL	<u>[</u>
	C	(Column 1)		(Column 2)	(Column 3)	SMALL	ENTITY	OR	OTHER SMALL	
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT	RATE	ADDI- TIONAL FEE		RATE	Ţ
ENDME	Total	*	Minus			X\$ 9=		OR.	X\$18=	3/
MEN	Independent		Minus	***		X40=	A STATE OF THE STA	40 6	X80=	
る対	FIRST-PRESENTATION OF MULTIPLE DEPENDENT			NDENT CLA	IM E	THE PLANTS OF THE	المراجعة ا المراجعة المراجعة ال	OR		
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		(Column 1)		(Column 2)	(Column 3)	TOTAL		77	TOTAL	
ENT B		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT	TOTAL	ADDI- TIONAL FEE	77	TOTAL	T
ENT	Total	CLAIMS REMAINING AFTER		HIGHEST NUMBER PREVIOUSLY	PRESENT	TOTAL ADDIT. FEE	TIONAL	77	TOTAL ADDIT: FEE	
ENT	Independent	CLAIMS REMAINING AFTER AMENDMENT	Minus Minus	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	TOTAL ADDIT. FEE RATE	TIONAL	OR OR	TOTAL ADDIT: FEE RATE	11
AMENDMENT B	Independent	CLAIMS REMAINING AFTER	Minus Minus	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE X\$ 9= X40=	TIONAL	OR OR OR	RATE X\$18= X80=	11
ENT	Independent	CLAIMS REMAINING AFTER AMENDMENT	Minus Minus	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	TOTAL ADDIT. FEE RATE X\$ 9= X40= +135=	TIONAL	OR OR OR	RATE X\$18= X80= +270=	
ENT	Independent	CLAIMS REMAINING AFTER AMENDMENT	Minus Minus	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE X\$ 9= X40=	TIONAL	OR OR OR	RATE X\$18= X80=	
ENT	Independent	CLAIMS REMAINING AFTER AMENDMENT * * * * * * * * * * * * * * * * * (Column 1)	Minus Minus	HIGHEST NUMBER PREVIOUSLY PAID FOR *** *** NDENT CLA	PRESENT EXTRA	TOTAL ADDIT. FEE RATE X\$ 9= X40= +135= TOTAL	TIONAL FEE	OR OR OR	RATE X\$18= X80= +270= TOTAL	
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